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MENTAL HEALTH PROGRAM.

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WEST VIRGINIA IS A RURAL STATE HAVING A LARGE POVERTY STRICKEN POPULATION. SINCE THIS GROUP HAD NO ACCESS TO MENTAL HEALTH SERVICES, THE STATE DEPARTMENT OF MENTAL HEALTH SPONSORED A VISTA PROGRAM IN MENTAL HEALTH AND MENTAL RETARDATION, AND ENCOURAGED THE VOLUNTEERS TO USE THEIR OWN CREATIVITY AND INGENUITY IN PROVIDING SUCH SERVICES AS--(1) WORKING IN THE HOMES OF THE POOR, (2) ESTABLISHING A DAY CAMP PROGRAM FOR MENTALLY RETARDED AND CULTURALLY DEPRIVED CHILDREN, (3) TUTORING SCHOOL CHILDREN NEEDING SPECIAL HELP, (4) TRAINING LOCAL PEOPLE AS BOY SCOUT LEADERS, (5) HELPING LAW ENFORCEMENT OFFICERS UNDERSTAND MENTALLY ILL PATIENTS, AND (6) ENCOURAGING AND ASSISTING COMMUNITIES TO DEVELOP LOCAL TEENAGE CENTERS. INITIALLY OEO FUNDS WERE USED TO PROVIDE A PROFESSIONAL SUPERVISORY STAFF FOR THE VOLUNTEERS. HOWEVER, THE DEPARTMENT OF MENTAL HEALTH HAS INITIATED A THREE-YEAR PROGRAM TO RECRUIT AND TRAIN LOCAL POVERTY LEVEL PEOPLE AS VISTA REPLACEMENTS. THIS SPEECH WAS PRESENTED AT THE NATIONAL OUTLOOK CONFERENCE ON RURAL YOUTH, OCTOBER 23-26, 1967, WASHINGTON, D. C., SPONSORED JOINTLY BY THE U. S. DEPARTMENTS OF AGRICULTURE, HEALTH, EDUCATION, AND WELFARE, INTERIOR, AND LABOR, OEO, AND THE PRESIDENT'S COUNCIL ON YOUTH OPPORTUNITY. (ES)

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Special Session on Health Status and
Health Services for Rural Youth

Speech presented at
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MENTAL HEALTH PROGRAM

Mrs. Ida Chamberlain
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I am pleased to have this opportunity to share with you the experience of the West Virginia Department of Mental Health with two programs sponsored by the Federal government which are affecting rural youth in our State.

West Virginia is a predominantly rural state and a large number of men, women, and children there still live in poverty. We are greatly concerned that so many of our rural residents are not self-supporting, and that they do not have access to essential services, but we do not want to force them into cities which are already overcrowded, and in which many of the sources of their strength would be lost.

A large number of men and women from West Virginia - including a distressing number of our younger, productive citizens - move to the urban centers of the East and Middle West. Some of these migrants are precisely those best able to assume leadership in their home communities, and their loss is keenly felt.

Others, less well prepared for city life, are unable to find places for themselves as self-supporting, self-respecting citizens. They become public charges and, often, return to our state broken in spirit.

In spite of improving economic conditions and generally more optimistic prospects, problems remain, and from the point of view of the mental health of rural West Virginia, these problems are particularly serious. We in the field of mental health are mindful of the psychological scars which have been passed on from father to son. All too many people still feel, in the words of one clinic patient to a social worker, "No use trying to do anything for me. Nothing good ever happened to me, nothing good ever will."

One of the best things to happen to us as a result of the Economic Opportunity Act is the VISTA program. The West Virginia Department of Mental Health, with the entire state as its community, is the sponsoring agency for a VISTA program in mental health and mental retardation. VISTA - Volunteers in Service to America - are serving in fifty-one of our fifty-five counties, and in four of our state hospitals. One hundred and twenty-nine of these vigorous, optimistic, delightful - and independent - Volunteers have mental health assignments in West Virginia at this moment in sixty local agency settings. Our VISTAs range

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in age from 18 to 76, and in background from fresh-out-of-high school and college to retired teachers, nurses, social workers, homemakers - you name it - we have them and they are indeed making a dramatic impact on the mental health program in West Virginia.

In the communities, VISTAs have many assignments. Some Volunteers are learning first-hand, and for the first time, the problems of poverty, for they daily share the lives of families in the most underprivileged areas. One VISTA Volunteer called on a young mother recently returned from a mental hospital and found her extremely depressed. She was not well enough to can the fruits and vegetables in her small garden, but knew the family would need the food during the lean winter months. The VISTA, who had grown up in a large family, spent the day putting up the fruits and vegetables while the whole family joined in. This simple act of loving intervention by the Volunteer encouraged the mother, and enabled her to receive further treatment at home instead of returning to the hospital.

The Volunteers are encouraged to use their own ingenuity and creativity to secure and deliver services which will improve the mental health of our citizens. Although at first it may not seem directly related to mental health, we were pleased with the VISTAs who, quite on their own, persuaded a national cosmetic concern to donate beauty supplies, and then taught young women in one low income rural community to give themselves permanent waves. Before their course in beauty they had felt out of place in the consolidated high school where classmates from more prosperous homes dominated the scene.

Other VISTAs got packing cases usually discarded by a supermarket and taught families how to insulate their "jennylynn" houses against biting mountain winds. One VISTA reported with a note of triumph that she had gotten a "two-holer" for a family which had never had a privy of any kind.

A young VISTA couple enlisted the aid of twenty-three high school students to organize and staff the first day camp program in one rural county. Thirty mentally retarded and culturally deprived children attended the five day program. The local school board made available building and grounds for the camp. Local citizens donated money for food and arts and crafts supplies. The high school boys and girls were so excited about the success of the camp experience that they have pledged themselves to continue the project next year.

The community is very much involved in the VISTA program. Mental health VISTAs work in local agencies such as Public Health, Welfare, Education, Vocational Rehabilitation, community action as well as mental health. Local agencies furnish office space, telephone service and day-to-day guidance. Several counties pay automobile and other transportation expenses for the VISTAs. Volunteers assist the returning patient to adjust to life in the community. They arrange transportation for those who are far from existing services, they help the discharged patient who is medically indigent get medication he must have to remain out of the hospital. They organize social clubs

for former patients, they help arrange foster home placements, they tutor school children who need this special help to keep up with their classes. One young man is training local people to be Boy Scout leaders so that there will be Boy Scout troops in these rural areas for the first time. Most important, troops will be run by local people themselves, with benefits to the leaders, the boys and the community. Working in conjunction with the State Alcoholic Division, Al-Anon and Alateen groups have been formed.

Many VISTA Volunteers have been very interested in helping law enforcement officers gain a better understanding of how to handle mentally ill patients. An actual course has been conducted in some areas with the assistance of professional mental health personnel.

Encouraging and assisting communities to develop local centers where teenagers can find social and recreational outlets has been a focus for many Volunteers. Libraries have been started in many of these centers and is a welcomed addition in communities which even the "Bookmobile" doesn't reach.

These accomplishments may sound small, but we know that every family reached by these services is strengthened. We feel certain that VISTAs have meant the difference for many between a productive life in the community and existence as a public ward in a state mental hospital.

A key factor in the success story of our VISTA program has been the fact that OEO funds were provided for a professional supervisory staff along with transportation and limited in-service training. Our VISTA program has shown that it is possible for people who have not had long years of training in social work, psychiatric nursing, psychology or psychiatry to give direct supportive services to people at the community level when there is supervision and inter-agency cooperation.

The Department of Mental Health is presently beginning a three-year program to recruit and train local workers from the poverty level who will be employed to render the same kinds of services VISTAs are giving. Three hundred and seventy-five West Virginians are to be trained within the three-year program to provide almost triple the manpower of VISTAs now in the mental health project. The minimum qualifications for the trainee are as follows: Have the equivalent of a sixth grade reading level, have reached age 22 years, have acceptable physical condition, be available for training away from home (ten day periods), have vocational need for job training and placement, be financially in need according to an established financial index, be available during work day and be subject to emergency calls on weekends and evenings. Personal qualifications call for an energetic, optimistic person who is interested in people, can talk to people and has an interest in mental health.

During the 50 week training period, the trainee will receive $1.40 an hour. Upon completion of training, the trainee will be hired by a local agency in his home community. A position for this type of personnel will be established under our State Civil Service Classification.

Mrs. Ida Chamberlain

We know that people can be helped to find ways to help themselves. We know that there is a tremendous amount of talent in even the most isolated communities which has not yet been touched. We must find a way to help.